

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

## INSPECTION REPORT COMMENTS

Date of inspection November 1, 2004Identification Number PAD003010261Company/Facility/Site Name The Sheridan Press

The Department conducted a hazardous waste and residual waste inspection at this facility. Present for the Department was Sheryl Martin. Present for The Sheridan Press was Richard Moody. The Sheridan Press is a lithographic printing operation that prints trade journals. The Sheridan Press is listed as a large quantity generator of hazardous waste. Mr. Moody explained to the Department that their process has changed and they are no longer a large quantity hazardous waste generator. They currently did not have any hazardous waste onsite. They do their work digitally and therefore no longer develop any film. They have also changed their blanket wash solution to a new-cal wash which they dispose of as a non-hazardous waste. The Sheridan Press provided the Department with a copy of the MSDS for the new-cal wash. The MSDS states the flash point of the wash is 101° F but Mr. Moody stated the resultant waste wash solution is mostly water and that the flash point is above the characteristic for hazardous waste. The Department recommends that The Sheridan Press do a subsequent notification of their generator status change by filling out the EPA form 8700-12. This form will be provided by email to the facility. Mr. Moody also explained that the facility will be expanding in the near future and will probably keep a small quantity generator status.

The Department conducted a walking tour of the facility. The Department inspected the drum storage area for inks and press wash. The parts washers in the maintenance area are citrus based and maintained by Safety Kleen. The department concluded the inspection with a file review.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) mailed to facility

Date

Inspector (signature) Sheryl L. Martin

Date

11/4/04Page 4 of 4



14147

**The Sheridan Press** Fame Avenue, Hanover, Pa. 17331 (717) 632-3535  
PRINTERS AND PUBLISHING SERVICES

**RECEIVED**  
RCRA SUPPORT SECTION

DEC 11 1986

**U.S. EPA, Region III**  
Written in our 71st year  
December 9, 1986

United States Environmental Protection Agency  
Region III  
841 Chestnut Street  
Philadelphia, PA 19107

Attention: 3HW34

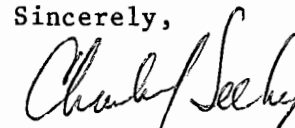
Dear Sir or Madam:

Pursuant to your request for a description of our Hazardous Waste Volume Reduction program and an accurate reevaluation of our hazardous waste generation activity, The Sheridan Press, Inc. requests to be ~~reclassified as a small quantity generator~~ since we do not generate hazardous waste at the required 1000 kg per month.

At such times as our volume of hazardous waste would ever exceed the 1000 kg per month limit, we would reapply for large quantity generator status.

Our EPA ID number is currently PAD003010261.

Sincerely,



Charles J. Seelig  
Vice President - Operations

CJS:kg

PAD 00301 0261

Hazardous Waste Quantity Notification

Business Name The Sheridan Press  
Business Address Fame Avenue  
Hanover, PA 17331

Hazardous Waste Generated

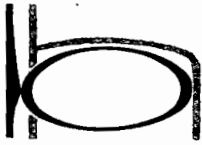
0 - 100 kg/month ☐

100 - 1000 kg/month ☐

1000 kg/month or more ☒

Charles J. Seelig  
Signature and Title

Charles J. Seelig, V.P.



**BUCHART-HORN, INC.**  
**CONSULTING ENGINEERS and PLANNERS**

55 South Richland Avenue / P.O. Box M-55 / York, Pennsylvania 17405  
Telephone (717) 843-5561  
Telex No. 820403

JOHN B. JUNG, P.E., PRES.  
RAYMOND M. BEST, P.E., VICE PRES.  
FRED B. FADER, JR., P.E., VICE PRES.  
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**RECEIVED**  
**RCRA SUPPORT SECTION**

June 11, 1986

JUN 16 1986

Ms. Stephanie Branch (3HW34)  
US EPA  
841 Chestnut Building  
Philadelphia, PA 19107

**U.S. EPA, Region III**

Reference: Notification of Hazardous Waste Generator Status  
The Sheridan Press, Hanover, Pennsylvania  
BH No. 04-63675

Dear Ms. Branch:

Enclosed is an executed EPA Form 8700-12, Notification of Hazardous Waste Activity, for The Sheridan Press, Fame Avenue, Hanover, PA 17331. This is a first time notification and we would appreciate receiving an EPA ID Number via telephone as soon as possible. Please contact Mr. Charles J. Seelig, Vice President of The Sheridan Press at (717) 632-3535.

If there are any questions please do not hesitate to contact the undersigned.

Very truly yours,

BUCHART-HORN, INC.

Charles M. Suenkonis  
Project Manager  
Chemistry and Earth Sciences Division

CMS/11b

Enclosure

cc: Charles J. Seelig, VP  
The Sheridan Press

**Offices:**

Baltimore, Maryland  
Charleston, West Virginia

Lewisburg, Pennsylvania  
Memphis, Tennessee

New Orleans, Louisiana  
Pittsburgh, Pennsylvania

Williamsburg, Virginia  
York, Pennsylvania

*Subsidiary of PACE Resources, Inc. / A Total Resource Company*



**For Official Use Only**

[illegible][illegible]

T	H	E	S	H	E	R	I	D	A	N	P	R	E	S	S
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[illegible][illegible][illegible][illegible][illegible][illegible]

☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 6. Off-Specification Used Oil Fuel  
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)  
Who First Claims the Oil Meets the Specification

☐ C. Industrial Furnace☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

☐ A. First Notification      ☐ B. Subsequent Notification (complete item C)

**Continue on reverse**

**X. Description of Hazardous Wastes (continued from front)**

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 2					
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable  
(D001)

☐ 2. Corrosive  
(D002)

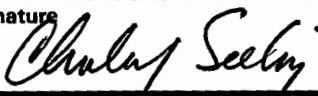
☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

**XI. Certification**

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

Signature



Name and Official Title (type or print)

Charles J. Seelig, V.P.

Date Signed

6/12/84



# NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a pre label, affix it in the space at left. If any information on the label is incorrect, draw through it and supply the correct information in the appropriate section below. If the complete and correct, leave Items I, II, below blank. If you did not receive a pre label, complete all items. "Installation" is a single site where hazardous waste is generated, stored and/or disposed of, or a porter's principal place of business. Please to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form information requested herein is required by (Section 3010 of the Resource Conservation Recovery Act).

<b>INSTALLATION'S EPA I.D. NO.</b> PAD003010261	<div style="text-align: right; font-family: cursive; font-size: 1.2em;">Am Ben</div>
<b>I. NAME OF INSTALLATION</b>	EVERYBODYS PRESS INC PO BOX 486 HANOVER, PA 17331
<b>II. INSTALLATION MAILING ADDRESS</b>	FRAME AVE HANOVER, PA 17331
<b>III. LOCATION OF INSTALLATION</b>	FRAME AVE HANOVER, PA 17331

## FOR OFFICIAL USE ONLY

C	COMMENTS
C	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F PAD00301026131		

## I. NAME OF INSTALLATION

C	
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## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
C	
3	
CITY OR TOWN	
C	
4	
ST. ZIP CODE	
C	
4	

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
C	
5	
CITY OR TOWN	
C	
6	
ST. ZIP CODE	
C	
6	

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
WENTZ, RONALD E. MANUFACTURING MANAGER	717-638-3535

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
C	EVERYBODYS PRESS, INC., A MARYLAND CORP.

## B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL	M = NON-FEDERAL
M	

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

<input type="checkbox"/> A. GENERATION <input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> D. UNDERGROUND INJECTION
N/A	

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
				6

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)
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## C. INSTALLATION'S EPA I.D. NO.

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## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 N/A 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 N/A 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 N/A 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 N/A 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Ronald E. Bantz</i>	NAME & OFFICIAL TITLE (type or print) <i>Mfg. Mgr.</i>	DATE SIGNED <i>7/14/80</i>
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EPA Form 8700-12 (6-80) REVERSE

"OUR COMPANY REQUESTS AN EXCLUSION FROM THIS PROGRAM UNDER PARAGRAPH 261.5(a)."